

FILED AUG 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. **26385**

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 703

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) Excelsior Springs		c. CITY (If outside corporate limits, write RURAL and give township) Rich Hill	
c. LENGTH OF STAY (in this place) 2 mo 21 da		d. STREET ADDRESS (If rural, give location) 1206 E. Chestnut	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration			

3. NAME OF DECEASED (Type or Print) a. (First) Ira b. (Middle) R. c. (Last) Groves			4. DATE OF DEATH (Month) (Day) (Year) July 25 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 9, 1888	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Days IF UNDER 12 Hrs. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Odd Jobs	11. BIRTHPLACE (State or foreign country) Butler, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME W. H. Groves	13b. MOTHER'S MAIDEN NAME Lizzie Barlow	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I	16. SOCIAL SECURITY NO. 108	17. INFORMANT'S SIGNATURE OR NAME Not remembered	ADDRESS Veterans Administration Hospital Springs, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis, pulmonary, far advanced active		INTERVAL BETWEEN ONSET AND DEATH Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE TO (b) _____ DUPLICATE TO (c) _____		

19a. DATE OF OPERATION ---	19b. MAJOR FINDINGS OF OPERATION ---	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ---	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ---
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ---	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from May 4, 1950, to July 25, 1950, and that death occurred at 6:50 P.m., from the causes and on the date stated above.

23a. SIGNATURE Roy Smith (Degree or title) M. D.	23b. ADDRESS Excelsior Springs, Mo.	23c. DATE SIGNED 7-26-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7/26/1950	24c. NAME OF CEMETERY OR CREMATORY Rich Hill	24d. LOCATION (City, town, or county) (State) Mo.
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DATE REC'D BY LOCAL REG. 7/26/50	REGISTRAR'S SIGNATURE Caroline Hutchings	25. FUNERAL DIRECTOR'S SIGNATURE Hope Funil Home - Excelsior Spr	ADDRESS Mo.
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James A. Moles

Licensed Embalmer No. 3296

P. O. Address Exp Springs, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.